girl scouts of michigan shore to shore

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Service Unit Event Report Form

Service Unit: _____

Name of Event: _____

Date of Event: _____

Event Manager: _____

Grade Level of Participants: ☐ Daisy ☐ Brownie ☐ Junior ☐ Cadette ☐ Senior ☐ Ambassador

Number of Troops: _____

Number of Girl Scouts: Girls:_____ Adults: _____

Number of Non-Girl Scout Participants: _____

Description/Purpose of Event:_____

_____

_____

_____

_____

Outside resources and how they were used: _____

_____

_____

_____

_____

Evaluation/Comments (attach any information that might be helpful to someone planning a similar event.)

_____

_____

_____

_____

_____

EVENT MANAGER TURN THIS FORM IN TO MEMBERSHIP & COMMUNITY DEVELOPMENT MANAGER NO LATER THAN ONE WEEK FOLLOWING EVENT.